

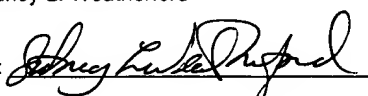


SLW
2131

Sidney L. Weatherford, Esq.
1006 Rainbow Dr.
Richardson, Texas 75081

September 1, 2004

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

<p align="center">CERTIFICATE OF MAILING OR TRANSMISSION</p> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for First class or Express mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p> <p>Date: <u>September 1, 2004</u></p> <p>Name: Sidney L. Weatherford</p> <p>Signature: </p>
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RE: Request For Withdrawal as Attorney and Change of Correspondence
Address for Application Serial Number 09/847,757 – First named inventor
James B. Pritchard, Filed May 2, 2001

Dear Sir or Madam:

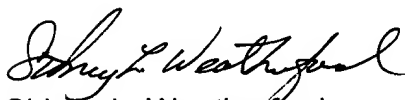
Enclosed for filing please find the following item relating to the above Application:

- (1) Transmittal Letter (1 page)
- (2) Request for Withdrawal (PTO/SB/83(09-03))

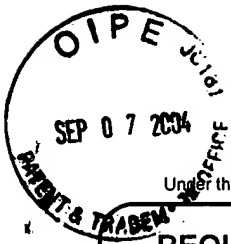
The reason for the request for withdrawal is that the Applicant is reorganizing his business and will be retaining other counsel. No office actions are pending or have been received that may affect the Applicant's rights.

If you have any questions or comments concerning this matter please feel free to contact the undersigned at 972-235-1916.

Sincerely,



Sidney L. Weatherford
Reg. No. 45,602
1006 Rainbow Dr.
Richardson, TX 75081
Pho: 972-235-1916
Fax: 972-234-1035



PTO/SB/83 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	09/847,757
Filing Date	May 2, 2001
First Named Inventor	James B. Pritchard
Art Unit	2131
Examiner Name	Jenise E. Jackson
Attorney Docket Number	PRIT01-00003 <i>PRIT01-00003</i>

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☐ Change the correspondence address and direct all future correspondence to:

☐ Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	James B. Pritchard				
Address	660 Meandering Way				
Address					
City	Fairview	State	Texas	Zip	75069
Country	USA				
Telephone	972-562-0423			Fax	
Name	Sidney L. Weatherford				
Signature	<i>Sidney L. Weatherford</i>		Registration No.	45,602	
Date	September 1, 2004		Telephone No.	972-235-1916	

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.